

Communications Policy

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Policy Lead/Author & Position:	Head of Communications, Elizabeth George
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COMMUNICATIONS POLICY - POLICY ON A PAGE

What has changed?

- Social media guidance updated
- Information in Braille, Easy Read and other languages updated to reflect the role of the Equality, Diversity and Inclusion team

What informs this policy?

- Associated Trust policies (see section 7)
- Best practice communications resources and guidance available nationally
- [General Data Protection Regulations \(GDPR\)](#)
- [NHS Identity Guidelines](#)

Who to contact for more information about this policy:

- The policy lead is Elizabeth George, Head of Communications, elizabeth.george18@nhs.net 020 8702 3599
- Alternatively, contact beh-tr.communications@nhs.net

How does this affect me?

- If you use social media in a personal or professional capacity, make sure you follow the policy set out in section 13

Associated documentation:

- There are no new documents or forms linked to this policy

Training available relating to this policy:

- The Communications Team provides training on updating the intranet to page editors. To request this training, please email beh-tr.communications@nhs.net
- For enquiries about any other related training, please contact the Head of Communications

EQUALITY STATEMENT

All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on equality and fairness.

All policy documents will be equality impact assessed and this will include equality and human rights with regard to the protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation.

The Trust embraces the four staff pledges in the [NHS Constitution](#) and this policy is consistent with these pledges. The Trust is also committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

The Trust will make accessible versions of this document available if requested by members of the public, service users or staff who have particular communications needs.

Trust Values

This policy supports the Trust values of:

- **Compassion.**
- **Respect**
- **Working Together**
- **Being Positive**

CONSULTATION RECORD OF PROCEDURAL DOCUMENT FORM

Name and Title of Individual	Date Consulted
Clinical Directors; Assistant Clinical Directors; Heads of Service; Data Protection Officer; Director of Strategic Development.	30 January – 27 February 2019
Contributing Authors: Dr. Jonathon Steven, Assistant Clinical Director Doreen Todd, Data Protection Officer Katia Louka, Corporate Services Manager Dr. Karen Townend, Service Lead, St Ann's Eating Disorders Service, Consultant Clinical Psychologist	30 January – 27 February 2019
Clinical Directors; Associate Directors; Director of Nursing; Medical Director; CEO; Deputy Director of OD and Learning; Director of Strategic Development.	15/01/16 02/19
Contributing Authors: Doreen Todd, Data Protection Officer Katia Louka, Corporate Services Manager	05/04/16 22/02/16 08/04/16
Name of Committee	Date of Committee
Director of Strategy, Transformation and Partnerships	20/04/22

Version Control Summary

Version	Date	Section	Author	Comments
1.0	18/04/16		Karl Heidel	
2.0	13/03/19		Karl Heidel	Inclusion of General Data Protection Regulation and other comments
2.1	19/12/19	9, 10, 17	Elizabeth George	Updates to contact details, media management arrangements out of hours, and Care Opinion details
2.2	05/02/20	Multiple	Elizabeth George	Minor updates and stylistic changes
2.3	27/01/21	20	Elizabeth George	Email etiquette updated
3.0	07/04/22	13, 19.1	Elizabeth George	Social media guidance updated. Information for patients in Braille, Easy Read and other languages updated to reflect the role of the Equality, Diversity and Inclusion team

Table of Contents

1.0	Policy Statement	7
2.0	Introduction	7
3.0	Aims	7
4.0	Scope	7
5.0	Duties	7
5.1	Chief Executive	7
5.2	Managers	7
5.3	Employees	8
6.0	Key principles	8
7.0	Associated Trust Documents	8
8.0	Contacting the Communications Team	8
9.0	Media Management	9
10.0	Reactive press	9
10.1	Proactive press	10
11.0	VIP visitors and patients	10
12.0	Events, Conferences and Presentations	12
13.0	Social Media	12
14.0	Patients Using Devices (with Cameras and Video Recording Facilities) In Patient Areas ... 14	
15.0	Internet and Intranet Policy	15
16.0	Care Opinion and other feedback websites	16
17.0	Publications, branding and corporate visual identity	16
18.0	Accessible Information Standard	17
18.1	Information in Braille, Easy Read, and different languages	18
18.2	Website	18
19.0	General Data Protection Regulation (GDPR)	18
20.0	Email signatures and Email Etiquette Guidelines	19

1.0 Policy Statement

The purpose of this policy is to support, guide and define standards of conduct for staff in matters relating to internal and external communications and reputation across Barnet, Enfield and Haringey Mental Health NHS Trust (BEH).

2.0 Introduction

Effective communications are critical to the daily operation of any organisation; however, communications are not the sole responsibility of the Communications Team. This policy will help all staff contribute and aim for excellence in this area by ensuring everything from appropriate messaging to branding is coordinated and consistent across the entire Trust.

3.0 Aims

The aim of this document is to provide staff with a single place to search for Trust communications related policies. This policy will guide staff in making the right decisions when it comes to internal, external and reputation related communications.

4.0 Scope

All staff, as well as contractors, bank and agency personnel, have a responsibility to follow this policy, and line managers must ensure it is implemented in full within his/her department.

Managers must also ensure that cascade of information communicated by the Communications Team is relayed to staff in team meetings with plans for local implementation developed accordingly. Staff should be given the opportunity to respond and provide feedback and managers in turn should forward this information to senior management where appropriate.

Staff should also be encouraged to identify opportunities to promote Trust information and activity internally and externally and this information fed back to the Communications Team.

5.0 Duties

5.1 Chief Executive

As the Accountable Officer, the Chief Executive is responsible for ensuring that a policy is in place.

5.2 Managers

Senior managers have a responsibility to ensure that local managers and supervisory staff are aware of and adhere to this policy. Everyone has a responsibility to implement this policy and its procedures to ensure smooth running of the Trust, and for corporate reputation to be upheld. Any issues which arise will need to be dealt with promptly, professionally and confidentially and in cooperation with the Communications Department.

All rules and protocols set out in the Communications Policy must be adhered to without exception, unless prior agreement has been gained from the Communications Team.

5.3 Employees

All employees of the Trust, or any person who works for, or at BEH in any capacity, part-time, voluntarily or otherwise must adhere to this policy and its associated Trust documents, unless prior agreement has been gained from the Communications Department via email or in some written format.

6.0 Key principles

The Communications Team has a set of key principles or standards:

- a promise to stay true to our values of Compassion, Respect, Being Positive, and Working Together
- a commitment to use plain English and to being open, honest and transparent while reflecting the principles of Data Protection, confidentiality and other relevant legislation
- a focus on maintaining and enhancing Trust reputation and engaging staff and stakeholders with timely, accurate and consistent messaging, establishing two-way communications wherever possible
- a responsibility to seek and welcome feedback
- a pledge to consistently improve and evaluate communications wherever possible.

7.0 Associated Trust Documents

[Disciplinary Policy](#)

[Email Policy](#)

[Freedom of Information Act Policy and Protocol](#)

[Information Governance Policy](#)

[Information Risk Management Policy](#)

[Information Security Policy](#)

[Information Sharing Policy](#)

[Internet Policy](#)

[Patients Using Mobile Devices \(with incorporated Cameras and Video Recording Facilities\) in](#)

[Patient Areas Policy](#)

[Raising Concerns Policy and Procedure \(Whistleblowing\)](#)

[Records Management Policy](#)

External Documents

[General Data Protection Regulations \(GDPR\)](#)

8.0 Contacting the Communications Team

The Communications team can be contacted from 9am to 5pm Monday to Friday by calling:

- 020 8702 3599 Head of Communications
- 020 8702 3347 Senior Communications Manager
- 020 8702 4908 Communications Manager

During work hours, information and requests can be sent to the generic communications inbox

beh-tr.communications@nhs.net.

If a Major Incident (an emergency) has been or is likely to be declared the On-Call Director should contact the Communications Team.

Outside of work hours, in the event of a Major Incident being declared or if the On-Call Director requires urgent communications advice or support, the On-Call Director should call Switchboard on 020 8702 3000. Switchboard will connect the On-Call Director to a member of the Communications Team, if available. This will be the BEH Head of Communications, the BEH Senior Communications Manager, the C&I Associate Director of Communications. The On-Call Director may also contact the Director of Public Affairs and Chief of Staff.

The Communications Team does not operate an on-call rota given that circumstances requiring out of hours communications support are rare and very limited. They will provide support as far as is possible but cannot guarantee availability 24/7.

When requested, the communications lead, with the support of incident command, will develop a communications plan and appropriate response to the event. Dependent on the scale and nature of the incident a member or members of the Communications Team will attend the incident and Strategic or Tactical Command meetings as necessary.

9.0 Media Management

The Communications Team is responsible for media relations. All staff should inform the Communications Team of any contact with the media.

No staff member, or anyone who works at BEH in any capacity, should proactively approach a media organisation (through third party intermediaries or otherwise) without first liaising with BEH's Communications Team. This also refers to staff writing or broadcasting in a private capacity or in a secondary role, for example as a clinical expert at an academic, private or healthcare related organisation. It also includes situations where the individual is named, but the Trust is not.

Staff who provide information or comments on NHS or Trust related matters to journalists directly or indirectly without authority of the Communications Team or the Executive Leadership Team, and cannot provide a defence under the organisation's 'whistle blower' rules, could face disciplinary action. This includes comments where the person's position as an employee of the Trust is part of the story or is likely to be part of the story or could reflect on the reputation of the Trust.

10.0 Reactive press

Any media related enquiry which goes directly to a staff member must be referred immediately to the Communications Team without making comment to the journalist (see contact numbers above).

Staff must not pass comment to any member of the media without prior consent of the Communications Team. Please note that anything said to a journalist, even if it seems routine or conversational, is never "off the record" and you could be quoted.

Staff may ask for more information in relation to the call from the journalist and the journalist's contact details before reporting back to the Communications Team.

It is the responsibility of the Communications Team to inform Board members, executive

directors, relevant managers and relevant staff of any major media stories or enquiries.

An appropriate response will be supplied to the media by the Communications Department (sometimes in conjunction with stakeholders) and where appropriate, a statement will be provided or an interview arranged.

Other organisations, which may be impacted by the Trust response, will be notified of the media query prior to release of the information.

No media organisation, photographer or filmmaker will be granted access to Trust property without agreement from the Communications Team.

No member of the media will be allowed onto Trust property without a member of the Communications Team, or a nominated member of staff, attending all times.

PLEASE NOTE: If you agree to do an interview you must ensure the Trust's full name is mentioned on TV/Radio/press as part of the introduction or title to your role. For example: Dr Alan Smith, (role XXX) from Barnet, Enfield and Haringey Mental Health NHS Trust.

10.1 Proactive press

The Communications Team will be delighted to hear from any staff member who wishes to generate a positive news story about BEH and will be happy to assist.

We aim to establish our organisation as a good source for healthcare expertise and news.

To do this we must:

- Work to tight media deadlines, with an expectation that staff will respond swiftly to a call from the Communications Team about a possible media opportunity
- Provide expert information and authoritative spokespeople
- Provide concise, topical, accessible information
- Be professional, open and honest and reliable
- Carefully select and target media to achieve clear policy objectives
- Pre-plan, adequately resource and manage all media activities to achieve objectives
- Group media activities into campaigns wherever possible, with clear objectives
- Produce stories which have strong news angles, be creative and have clear human interest and that are, therefore, of most interest to the media
- The Communications Team will continue to establish good personal contacts with key journalists.

From time-to-time situations will arise which could result in press interest. This could be down to service developments, a situation involving a patient or a new initiative. Early recognition of such situations will be beneficial and prompt contact by a staff member with the Communications Team will be helpful in agreeing a way forward. As previously stated, colleagues must not contact the media directly without prior consent of the Communications Team.

11.0 VIP visitors and patients

Due to our location, size, quality of care, and uniqueness of some services, the Trust will host occasional VIP visits, and may also treat high profile VIP patients. This could attract considerable media coverage.

VIP visits can only be arranged with the knowledge and consent of the Communications Team. This will ensure that the strict protocols surrounding the visit are met.

If a VIP presents as a patient, then as soon as is practicable, the Communications Team must be informed. For the purposes of this policy VIPs include high profile clinical, academic and national NHS leaders as well as politicians, media celebrities, and royalty.

VIP visitors

The Communications Team will work with staff to ensure the smooth preparation for, and running of, the VIP visit.

Any staff member, wishing to secure a VIP visit, should discuss the opportunity first with a member of the Communications Team, before any representations are made to the VIP.

Any VIP visit can only take place with the prior knowledge and consent of the Communications Department even if this is a repeat visit.

During the period leading up to the visit, any issues relating to arrival and departure, reception, parking, security and publicity are to be coordinated in conjunction with the Communications Team. If, because of the profile of the visitor, a threat assessment is required this will be obtained in conjunction with the police and the VIP's private office.

During the visit

At no time will the VIP visitor be allowed access to any part of the Trust or to any staff member, service user or carer without a member of the Communications Team or a nominated member of BEH staff in attendance.

If there is more than one VIP, or if the VIP has an entourage, then more BEH staff will be required to act as chaperones. If additional staff are not available, then there will be a strictly enforced requirement that the tour must be conducted in a group. No one will be allowed to exit this group. If anyone exits this group, they will face ejection off site if warnings are not heeded.

If BEH receives regular visits by the same VIP, the VIP will still need a staff member to act as chaperone. This will be strictly enforced. All VIP visitors must be escorted off-site to conclude the visit.

VIP patients

VIP patients may occasionally present at BEH services.

Other than public interest, these patients may bring with them additional problems associated with their status – such as security issues, and press interest. However, it is imperative that these patients experience the same level of confidentiality as the Trust's other patients and the issue of consent remains paramount.

It is essential to inform BEH's Communications team and the Executive Leadership Team or Director on Call (out of hours) about any VIP patient arrival.

Out of hours, call the hospital switchboard on 020 8702 3000 and ask to be put through to the Director on Call.

NHS London, NHS England/Improvement and Commissioners will be advised by the Communications Team, if appropriate, of the presence of a VIP patient.

Along with the Communications team it is imperative to inform the Trust's Data Protection Officer whenever a VIP patient is treated by the Trust. Please contact the Information Governance team via beh-tr.information.governance@nhs.net.

There may be significant interest in the VIP, both from the public and from the press. All requests for information, even apparently from a member of the family or close friends, should be refused until the VIP or their representative confirms that the caller is legitimate. A code word can be arranged with the VIP or representative to ensure that only those known to the VIP will be put through to them.

Where situations allow, the Communications team will work with the VIP or their representatives and agree media handling arrangements. The clinical team caring for the VIP, along with the Director on Call, will be made aware of these arrangements.

As ever, any queries from the media must be passed to the Communications team.

Any breaches in confidentiality will trigger a review to ensure the future compliance and effectiveness of this protocol.

12.0 Events, Conferences and Presentations

12.1 External and Internal Events

If any member of staff wants to organise an external *event* which involves BEH staff or patients, the Communications Team must be informed **prior** to the formal planning process getting under way.

The Communications Team has a strategic overview of BEH events and maintains the events calendar on the intranet. Early contact with the Communications Team will be helpful for any event organiser because early promotion and communications will benefit the event when it takes place.

The Communications Team will support events for all staff and external events, online or face-to-face, led by the Executive Leadership Team.

Any member of staff putting on an internal event should let the Communications Team know via beh-tr.communications@nhs.net so that the event can be promoted to staff.

12.2 Conferences and presentations

Any member of staff speaking at national or regional conferences must inform the Communications Team. The Communications Team will:

- Provide oversight and guidance on the content and branding of any presentations or promotional materials
- Let colleagues and, if appropriate, the media know about the speech

13.0 Social Media

Social media can be an effective way to make connections, share ideas and generate support and we are

keen for all staff to follow, like and retweet our posts.

We manage corporate Twitter ([@BEHMHTNHS](https://twitter.com/BEHMHTNHS)), Facebook ([www.fb.com/behmht](https://www.facebook.com/behmht)) and LinkedIn (www.linkedin.com/company/barnet-enfield-and-haringey-mental-health-nhs-trust) accounts Monday to Friday 9am-5pm. Staff are encouraged to contact the Communications Team to suggest news stories, events or messages which could be publicised through these channels. Staff tweeting about the Trust are asked to tag @BEHMHT so that we can retweet from the corporate account if appropriate, and should consider using campaign hashtags or #TeamBEH.

Our staff are some of our best ambassadors and we rely on all our colleagues to uphold the Trust's reputation and values in spirit as well as in practice. This applies to all communications activity, including when staff are acting in a personal capacity, but their comments can be linked to the Trust, such as on social media.

Staff are responsible for their own online behaviour and should exercise good judgment. They must take care to avoid online content or actions that are inaccurate, libellous, defamatory, harassing, threatening or illegal. It is possible for staff to be subject to civil proceedings or criminal prosecution and may be subject to Trust disciplinary proceedings.

While useful, a disclaimer such as: "These views are personal and not necessarily those of my employer" is no guarantee that your posts or activity on social media will not have an impact on BEH's reputation. Therefore, all staff must follow the Trust's policies, particularly those relating to confidentiality and information governance, in their use of social media.

Responsibility for overall strategy and direction of the Trust's social media functions rest with the Trust's Communications Team. No social media sites or pages relating to the Trust should be set up by staff (including contractors, bank and agency personnel) without prior approval from the Communications Team.

Generally, we advise staff that stories, photos, films and other content are best shared via our BEH corporate accounts as we have built up a good following and are experienced at managing social media. Staff are asked to contact the Communications Team with a request (ie what they would like to share on social media and when, giving sufficient notice) so that the team can schedule the content alongside other requests, planned activities and campaigns.

If another team, service or project is considering setting up a new social account, they must contact the Communications Team for advice. The Communications Team will ask for reassurance that they will post regularly, are aware of best practice and potential pitfalls, have at least two people prepared to manage the account, and have a three-month content plan in place.

Following a discussion with the Communications Team, if it is agreed that another team, service or project should go ahead and launch a new social media account, they must give their username and password to the Communications Team so that we can assist in managing the account if necessary. Please note, the Communications Team will not undertake routine management of non-corporate sites.

Pictures, videos or audio of patients, relatives or other members of staff should not be posted on any social media site, unless prior permission has been gained beforehand from the individuals concerned, and the Communications Team, to ensure Data Protection Regulations are followed.

Staff should be careful about posting selfies or pictures on social media when they are at work, unless they have taken due precautions. They must ensure patients are not visible in the background and, if they are, then written service user permission must be recorded using the Trust's multimedia consent form. They must also ensure that no personal confidential information is visible, such as on computer screens and notice boards.

Note that staff who may not directly identify themselves as Trust staff members when using

social networking sites should be aware that the content they post on social media sites could still be considered as relevant to their employment with the Trust.

Staff must not disclose information about BEH which may be sensitive or confidential, or that is subject to a non-disclosure contract or agreement. This includes information about service users, other staff and contractors. Unauthorised disclosure of confidential information could constitute misconduct or gross misconduct in accordance with the Trust's Disciplinary Policy.

The Trust may also consider taking disciplinary action, if it becomes known that a staff member may have brought the organisation into disrepute by inappropriate disclosure, comments and photography etc on social media sites.

If a member of staff or contractor comes across information on social media sites that contravenes this policy, they should report the issue through the Trust Incident Reporting process and inform the Communications team.

Complaints

Any complaints from patients received via our social media networks will be sent to the Service User Experience and Engagement Team for resolution.

Risks

Employees should be aware that social networking websites are a public forum, and they should recognise their entries may not remain private once they have been posted. These mediums encourage information sharing which allows content to spread quickly.

14.0 Patients Using Devices (with Cameras and Video Recording Facilities) In Patient Areas

As most people own a mobile phone, with video, stills and audio recording technology incorporated into it, there is a concern that this technology could be used inappropriately to film other service users or staff.

The aim of the policy headlined above (of which this is only a short summary) is to achieve a balance between confidentiality and the right to privacy of individuals and the need to protect vulnerable adults and children, while maintaining their health and safety by safeguarding them from potential abuse.

No photos or recording should be taken of any patient at any time by anyone (patient, carer, visitor, staff member etc) without first gaining both staff and patient consent, as this will break patient confidentiality. Any resulting digital recording cannot then be uploaded to any digital medium without the prior consent of both staff and patient. If any material is gained inappropriately, it should be immediately deleted and no copies made.

Staff should make every effort to support patients in making and maintaining contact with their family and friends by telephone or videocall (either personal mobile or using the phones available on the wards). This contact should be recognised as an essential element of support and comfort.

However, the Trust has the right to confiscate mobile phones from patients who consistently refuse to comply with the rules and who violate the privacy and dignity of other patients, staff and visitors. In the event of a patient's mobile phone being confiscated, it should be stored safely on the ward and the patient given a receipt with explanation. Documentation must be completed fully.

Visitors in breach of this policy will be asked to delete any recordings improperly obtained and asked not to use their telephone for the duration of their visit. Visitors may be asked to leave the Trust premises for failing to comply with these restrictions.

PLEASE NOTE:

(a). The Trust's [Confidentiality Code of Practice](#) states the following regarding taking photographs with cameras, mobile phones or other devices:

- Patients will often bring mobile phones, which may have an inbuilt camera, with them into hospital. It is not felt practicable to forbid the carrying of such phones (unless local policy dictates), or, in ward situations, to remove them for safekeeping. However, staff should always point out to patients and visitors the restriction on taking photographs of staff and other patients without their consent and be vigilant wherever possible. Patient confidentiality should be respected at all times.

(b) The Trust is taking part in a pilot to test the effectiveness of body worn cameras on some of our in-patient wards to increase safety and security of patients and staff. The recording and viewing of footage is done in line with the principles of the information governance and standard operating procedures in place. The trial is being managed by clinical services rather than the Communications Team.

Associated Trust Documents

[Patients Using Mobile Devices \(with incorporated Cameras and Video Recording Facilities\) in Patient Areas](#) (Policy)
[Confidentiality Code of Practice](#)

15.0 Internet and Intranet Policy

The Trust website is the official website for the Trust. All services provided by the Trust should be listed on the website and service leads should inform the Communications Team of any updates. Staff should not procure any microsites about their services or hold information about Trust services on external websites without first contacting the Communications Team.

The following information provides only a brief overview of BEH's [Internet Policy](#), so please read the full policy for greater detail.

When writing information for the internet (external website) or intranet (accessible solely to staff), ensure all content is clear and easy to read.

Content must be brief and to the point and should contain suitable imagery (copyright free) to grab people's attention.

Each individual department, team and team manager must take responsibility for information written about their staff or their service on BEH's internet and intranet. While editorial control remains with the Communications Team each team manager is responsible for ensuring all content is up to date, accurate and informative. It is the team manager's responsibility to regularly check the internet and intranet to ensure accuracy and relevancy. This should be done at least every six months.

If website updating is required, please inform the Communications Team.

If intranet updating is required, please inform your own intranet page editor who will be able to update this information for you. If you do not know who this is, the Communications Team will be able to let you know, or provide training as appropriate.

The internet must never be used for the communication of confidential information, even where encryption technology is available.

When sending email communications it is essential that NHSMail is used, particularly for sensitive and confidential matters. If sending emails outside of NHSMail, always use the word [secure] in square brackets and the NHSMail service will assess whether encryption is required. More information can be found on BEH's intranet <http://staff.beh-mht.nhs.uk/trust-departments/sharing-information-by-email.htm>.

Users must not make use of the internet for personal financial gain, view sexually explicit imagery, or engage in activities that are of questionable legality such as on-line gambling or posting information that may tend to disparage or harass others or bring the Trust into disrepute.

Staff should remember that copies of emails can be obtained by members of the public and journalists under the Freedom of Information Act 2000 which provides the public with a right of access to Trust information. Be especially mindful when writing emails and who they are sent or forwarded to as these can be disclosed under the terms of the Act. It is therefore helpful to remember that emails should not be judgemental, biased, or contain personal opinions about staff or patients as these can be disclosed in a court of law.

Associated Documents

[Email Policy](#)
[Freedom of Information Act Policy and Protocol](#)
[General Data Protection Regulations \(GDPR\)](#)
[Information Governance Policy](#)
[Information Risk Management Policy](#)
[Information Security Policy](#)
[Information Sharing Policy](#)
[Internet Policy](#)
[Records Management Policy](#)

16.0 Care Opinion and other feedback websites

People have many ways of leaving feedback about the Trust, and one of these methods is for patients, service users, carers and family members to post on NHS Care Opinion.

The Service User Experience and Engagement Team will monitor the Care Opinion website and will post a response – if necessary, this will be a holding response in the first instance followed by a full response after speaking to appropriate colleagues and departments.

17.0 Publications, branding and corporate visual identity

Developing consistently good quality and branded publications and materials for staff, service users and stakeholders is an important way to ensure BEH is seen as a quality care provider. It is also part and parcel of improving the Trust's reputation and ensuring the Trust's corporate identity is maintained and promoted at all times.

All published materials (such as posters, publications, and screensavers, leaflets) must adhere to Trust [Brand Guidelines](#) and [House Style Guidelines](#) and to the Accessible Information Standard), and any messaging must be accurate and in line with corporate objectives.

Electronic templates for letters, meeting agendas, documents, and PowerPoint presentations can be found at <http://staff.beh-mht.nhs.uk/trust-departments/communications-templates-and-documents.htm>

The Communications Team, or a nominated third party, will assist staff to develop materials with clear, interesting messaging to ensure a high-quality product is developed which is correctly branded and accessible.

Any revisions or development of new materials which will be seen by the public, service users or large numbers of staff must be agreed with the Communications Team.

The Trust has a contract in place for all design and print services so any design and print work must be carried out by our approved supplier. The Communications Team will either liaise with the approved supplier or will advise staff how to contact the supplier, depending on how complex the request is, and will have the final sign off on any design.

All materials must be easy to read, accurate and accessible to the relevant audiences. (Please see Accessible Information Standard information below). Documents and leaflets must be in Arial font, minimum size 11. All materials must carry the Trust logo. Logos must be in the right place and be the right size and shape.

There is no central budget within the Trust for the development of service leaflets, posters, publications etc, so each department will need to budget accordingly for any required materials.

Associated Documents

[Brand Guidelines](#)

[House Style Guidelines](#)

[Accessible Information Standard](#)

[NHS Identity Guidelines](#)

18.0 Accessible Information Standard

All NHS Trusts must adhere to the Accessible Information Standard. The Accessible Information Standard (AIS) sets out that anyone who has difficulties with their communication needs should not be disadvantaged in any way if they wish to read and understand important information leaflets about their care, or access to their care.

It is particularly relevant to people who are blind, deaf, deafblind, have a learning disability, or who have difficulty with their communication needs. The Accessible Information Standard will also support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

It is a legal requirement that the Trust complies with the Accessible Information Standard. Further information can be [found here](#).

In addition, under the Equality Act 2010 BEH must make reasonable adjustments for people who have disabilities and not treat people less favourably in accessing services because of their nationality (which could include English language skills).

18.1 Information in Braille, Easy Read, and different languages

The Communications Team should be contacted if service or patient information needs to be developed. The initial content should be sent with any appropriate images. These should not be subject to copyright and must be of high quality.

The Communications Team will review the copy to ensure that the information is written in plain English and is appropriate for the audience. A draft proof of the patient information will then be sent to the service manager for sign off.

The Equality Diversity and Inclusion (EDI) Team can advise on converting the final text into different formats, including Braille and Easy Read, and translating it into different languages. You can contact the EDI team on beh-tr.equalities@nhs.net

The cost of any requests for the document to be translated will be met by the service which publishes the document. Copies of the Easy Read or translated versions, however, should be made available on the Trust website, so that others can access the information at no further cost to the Trust.

You can find out more information about how and where you can get documents and leaflets reformatted on the intranet. You can also find out how to book interpreters, including British Sign Language interpreters on the intranet. Please note that payment for these services comes out of the requesting department's budget. Details here: <http://staff.beh-mht.nhs.uk/communications/itsl2.htm>.

18.2 Website

To assist our commitment to providing accessible information the Communications Team ensures the Trust's website meets accessibility standards. The BEH website offers information which can be delivered in different fonts, different sizes and different colouring and specialist software.

When activated by a user the software will read aloud website content, as well as downloadable documents. The software will also translate the information into another language and then read aloud that language to assist people whose first language is not English.

19.0 General Data Protection Regulation (GDPR)

This Data Protection regulation aims primarily to give control to individuals over their personal data and to simplify the regulatory environment by unifying regulations.

To maintain GDPR compliance in its simplest form for the Communications Department, prior consent is requested for any pictures or videos taken. Compliance may consist of verbal or written agreement, and agreement to remove the content is given when the picture or video or content is finally added to the website or other digital medium.

It may not always be possible to remove the material if agreement is given in the first instance and the individual withdraws consent at a later date. However, in all instances the Communication Team will always strive to resolve the issue.

Associated Documents

20.0 Email signatures and Email Etiquette Guidelines

All emails must contain the sender's signature, which includes name, job title, address, landline phone and mobile numbers. If working hours are outside the standard Monday to Friday 9am-5pm then this should also be included. It is recommended that a manager's name is included as a second point of contact.

Please ensure that you have a signature for new messages but also for replies and forwarded messages.

The Trust approved layout is shown below. The below is in font size 10 to ensure the information does not take up too much space.

All signatures should use the corporate font (Arial). All emails must include the Trust's email signature – [see the guide](#) on what to include.

Your name
Your title
Barnet, Enfield and Haringey Mental Health NHS Trust
Your address
Tel: xxxxxxxx Mobile: xxxxxxxx
Email: xxxxx@nhs.net

Web: www.beh-mht.nhs.uk
Twitter: [@BEHMHTNHS](https://twitter.com/BEHMHTNHS) Facebook: www.fb.com/behmht
Manager: xxx.xxxXXX.yyy@nhs.net

OUR VALUES



Updated or additional picture icons at the bottom of the email signature will be sent out when appropriate and will support BEH initiatives or the NHS as a whole. Please keep an eye out for a change in email signature icons, which will be placed on our intranet and released through BEH Bulletin.

Email Etiquette

Email etiquette refers to the principles of behaviour that we should use when writing or answering email messages. It is also known as the code of conduct for email communication. Please see our [Top tips on Email Etiquette](#).

Content

Emails can be requested and released under the Freedom of Information Act or Subject Act requests so don't include anything you would not be happy to see published. Deleting an email once you've sent it makes no difference as a copy of it will be kept on the Trust server and can potentially be traced.

Associated Trust Documents

[Email Policy](#)

MONITORING COMPLIANCE WITH AN EFFECTIVENESS OF PROCEDURAL DOCUMENTS FORM

1.	How will the document be monitored? (please circle as appropriate)	Audit		<u>Review</u>	Other, please specify;
		<p>Methodology: The policy will be reviewed by Head of Communications on a six monthly basis. Any comments up to this point will be collated and any changes made with full transparency with the PRG.</p> <p>At the scheduled Policy review as stated in the policy senior the Communications team will review, and senior colleagues will be consulted on the updated document</p>			
2.	What is the process for reviewing results of monitoring?	The results will be reviewed by the Communications team, and if any changes are made subsequently to the policy these will be sent to the ELT for consideration			
3	Report to:	ELT			
4.	Who is responsible for conducting the monitoring? (please circle as appropriate)	<u>Group / Committee</u>		<u>Individual</u>	
		<p>Name / Title (also include position of individuals): Elizabeth George, Head of Communications Alicia Matheson, Senior Communications Manager</p> <p>The Communications Team will oversee the refreshing of the policy and any monitoring in relation to the policy. The ELT will oversee any final changes</p>			
5.	How often will the document be monitored? (please circle as appropriate)		6 Monthly		Other, please specify: Every three years
		<p>Comments: This document will be monitored once every six months by Head of Communications, and by the Communications Team. The policy will be reviewed every three years or if there are any significant changes.</p>			
6	Responsibility for action planning after review	Elizabeth George, Head of Communications			

EQUALITY IMPACT ASSESSMENT AND ANALYSIS FORM

1. Please indicate the expected impact of your proposal on people with protected characteristics					
Characteristics (where relevant)	Significant +ve	Some +ve	Neutral	Some -ve	Significant -ve
Age:			x		
Disability:	X				
Ethnicity:			x		
Gender re-assignment:			x		
Religion/Belief:			x		
Sex (male or female)			x		
Sexual Orientation:			x		
Marriage and civil partnership			x		
Pregnancy and maternity			x		
The Trust is also concerned about key disadvantaged groups even though they are not protected by law					
Substance mis-users			x		
The homeless			x		
The unemployed			x		
Part-time staff			x		
Please remember just because a policy or initiative applies to all, does not mean it will have an equal impact on all.					
2. Consideration of available data, research and information.					
• NOT APPLICABLE					
	Key questions (supports EDS Goals)		Your Response		
2.1	What evidence, data or information have you considered to determine how this development contributes to delivering better health outcomes for all?		There is evidence that accessibility of information improve care to disadvantaged communities, including learning disabilities, deaf/blind There is also research that stories which are inclusive, engender wider attention Engaging a wider range of media brings positive health messages to a wider audience.		
2.2	What evidence, data or information have you considered to determine how this development contributes to improving patient access and experience?		Any publications or media prepared will assist patient experience by ensuring clear, consistent messaging is provided. This in turn will help service users and the public understand better BEH's objectives and the services it provides.		
2.3	What evidence, data or information have you considered to determine how this change/development/plan/policy contributes to delivering a representative and well supported workforce?		Inclusive workforce stories assist in attracting and retaining staff from diverse backgrounds. I have considered multiple policies from many NHS and private organisations to ensure the policy presented will contribute to a better supported workforce		
2.4	What evidence, data or information have you considered to determine how this change/development/plan contributes to inclusive leadership and governance?		N/a		

12. It is Trust policy that you explain your proposed development or change to people who might be affected by it, or their representatives. Please outline how you plan to do this.	
Group	Methods of engagement
Staff	Staff will be told of the updated Communications policy via electronic means. Any changes to the original policy will be highlighted including a new section on GDPR. Staff will be reminded of essential elements of the policy and why the policy is important for them to read and to be aware of
Public	This policy will not be placed on BEH's internet.

4. Equality Impact Analysis Improvement Plan		
If your analysis indicates some negative impacts, please list actions that you plan to take as a result of this analysis to reduce those impacts, or rebalance opportunities. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.		
Negative impacts identified	Actions planned	By who
No negative impacts have been identified which would affect equalities	Not applicable	
6. Sign off and publishing		
Once you have completed this form, it needs to be 'approved' by Service Director, Clinical Director or an Executive Director or their nominated deputy. If this Equality Impact Analysis relates to a policy, procedure or		

protocol, please attach it to the policy and process it through the normal approval process. Following this sign off by the Policy Review and Monitoring Committee your policy and the associated EqlAn will be published by the Trust's policy lead on the website.


If your EqlAn related to a service development or business /financial plan or strategy, once your Director or the relevant committee has approved it please send a copy to the Equalities Team beh-tr.equalities@nhs.net, who will publish it on the Trust's website. Keep a copy for your own records.

I have conducted this equality Impact analysis in line with Trust guidance

Your name: Elizabeth George	Position: Head of Communications
Signed: <i>Elizabeth George</i>	Date: 08.04.22

Approved by:

Your name: David Cheesman	Position: Director of Strategy, Transformation and Partnerships
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Sign:


Date: 20/04/22